

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

00754-1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32820
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City ST LOUIS (d) Street No. ST JOHNS HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. / mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CARLTON T. MORRISON
(a) Residence, No. 831 NEWPORT AVE. St. NR WEBSTER GROVES.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NELLIE H. MORRISON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 5, 1882

7. AGE YEARS 55 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN
9. Industry or business in which work was done, as saw mill, bank, etc. COBBARD & GROCERY CO.
10. Date deceased last worked at this occupation (month and year) July 15, 1937 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) SALEM, MISSOURI
(STATE OR COUNTRY)

FATHER 13. NAME SAMUEL MORRISON

14. BIRTHPLACE (CITY OR TOWN) CASHOTON, OHIO
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME ELIZA R. LINDSEY

16. BIRTHPLACE (CITY OR TOWN) CLAIRMONT, Oa., OHIO
(STATE OR COUNTRY)

17. INFORMANT Nellie H. Morrison
(ADDRESS) 831 Newport Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE OAKHILL DATE SEPT. 23, 1937

19. FUNERAL DIRECTOR Barker and Co.
(ADDRESS) Webster Groves

20. FILED SEP 23 1937 Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1937, to 9/21, 1937.

I last saw him alive on Sept 21, 1937. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Acute Encephalitic Epidemic
17
Date of onset 8/17/37

Other contributory causes of importance: Arteriosclerosis 10 yrs.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify 66 Matlock, M. D.
(Signed) 66 Matlock
(Address) 4989 New St

STATEMENT BY LICENSED EMBALMER

I, Orvin B. Lang, Licensed Embalmer No. 1581
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Orvin B. Lang
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Orvin B. Lang
Licensed Embalmer No. 1581

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)